

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211520059

1.) CORPORATION NAME:

**GLSEN, Inc.**

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

SCC ID NO: **F1398793**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 90 BROAD STREET  
2ND FL

CITY/ST/ZIP: NEW YORK, NY 10004-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: ELIZA BYRD  
TITLE: PRESIDENT  
ADDRESS: 90 BROAD ST  
2ND FL  
CITY/ST/ZIP/CO: NEW YORK, NY 10004-

☒

OFFICER

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DIRECTOR

NAME: DOUG FLORES  
TITLE: ASST TREAS  
ADDRESS: 90 BROAD STREET  
2ND FL  
CITY/ST/ZIP/CO: NEW YORK, NY 10004-

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OFFICER

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DIRECTOR

NAME: KEVIN BROCKMAN  
TITLE: DIRECTOR  
ADDRESS: 500 SOUTH BUENA VISTA ST  
CITY/ST/ZIP/CO: BURBANK, CA 91521-4581

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OFFICER

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DIRECTOR

NAME: DAVID HUEBNER  
TITLE: DIRECTOR  
ADDRESS: 1000 HILLTOP CIRCLE  
CITY/ST/ZIP/CO: BALTIMORE, MD 21250-

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OFFICER

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DIRECTOR

NAME: RYAN PEDLOW  
TITLE: Co-Chair  
ADDRESS: 166 PERRY STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10014-

NAME:	GAIL LOPES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Co-Chair		
ADDRESS:	79-370 CENTRINO		
CITY/ST/ZIP/CO:	LA QUINTA, CA 92253-		
NAME:	KEITH POWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2867 RASTRO LANE		
CITY/ST/ZIP/CO:	CONCORD, CA 94518-		
NAME:	MICHAEL MANTHEI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	53 CHANDLER STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02116-		
NAME:	MADDIE ADELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2026 N. 12TH STREET		
CITY/ST/ZIP/CO:	PHEONIX, AZ 85006-		
NAME:	CINDY ARMINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	65 MONTAGUE STREET		
CITY/ST/ZIP/CO:	BROOKLYN, NY 11201-		
NAME:	KAREN BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 BAXTER PARKWAY		
CITY/ST/ZIP/CO:	DEERFIELD, IL 60015-		
NAME:	BARBARA FRANKEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	44 ELEANOR DRIVE		
CITY/ST/ZIP/CO:	KENDALL PARK, NJ 08824-		
NAME:	DAVID HUEBNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1304 FEDERAL HEIGHTS DRIVE		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84103-		
NAME:	MARY JANE KARGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 BIRDSALL DRIVE		
CITY/ST/ZIP/CO:	YORKTOWN HEIGHTS, NY 10598-		
NAME:	MICHAEL LOMBARDO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 BROADWAY		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90404-		

NAME:	RICK MORAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	441 CARNATION AVENUE		
CITY/ST/ZIP/CO:	CORONA DEL MAR, CA 92625-		
NAME:	JEFFREY QUINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	707 WILSHIRE BLVD.		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017-		
NAME:	KIMBERLY REED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10013-		
NAME:	STEVE SALEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	588 WEST END AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10024-		
NAME:	MICHELLE SCALES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	24 CORTE MATEO		
CITY/ST/ZIP/CO:	MORAGA, CA 94556-		
NAME:	CHRIS SHYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8 SLATER STREET		
CITY/ST/ZIP/CO:	PORT CHESTER, NY 10573-		
NAME:	TALIA STEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	90 BROAD STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004-		
NAME:	TIMOTHY A.A. STILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	345 PARK AVENUE, SUITE 3800		
CITY/ST/ZIP/CO:	NEW YORK, NY 10154-		
NAME:	CHIP SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 UNIVERSAL CITY PLAZA		
CITY/ST/ZIP/CO:	UNIVERSAL CITY, CA 91608-		
NAME:	TONY TENICELA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	425 MARKET STREET,		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIRDEANER WALKER DIRECTOR 140 WILBRAHAM AVENUE SPRINGFIELD, MA 01109-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN I. WILSON DIRECTOR 5007 DUNWOODY TRAIL RALEIGH, NC 27606-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHELY WRIGHT DIRECTOR 567 RALPH MCGILL BLVD. ATLANTA, GA 30312-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DOUG FLORES		DOUG FLORES, ASST TREAS	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		8/31/2011	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			